

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004890

FILED
Mar 24, 2009
Secretary of State

Entity Name: CYPRESS RIDGE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3001 N ROCKY POINT DRIVE EAST SUITE 390
TAMPA, FL 33607

New Principal Place of Business:

3030 N ROCKY POINT DR WEST
SUITE 820
TAMPA, FL 33607

Current Mailing Address:

3001 N ROCKY POINT DRIVE EAST SUITE 390
TAMPA, FL 33607

New Mailing Address:

3030 N ROCKY POINT DR WEST
SUITE 820
TAMPA, FL 33607

FEI Number: 20-4812268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD SUITE 2
LARGO, FL 33771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANJI, DILIP
Address: 3001 N ROCKY POINT DRIVE EAST SUITE 390
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: BEBBER, GREG V
Address: 132 WHITAKER ROAD SUITE A
City-St-Zip: LUTZ, FL 33549

Title: STD () Delete
Name: DEAKIN, BARBARA
Address: 1408 S DE SOTO AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KANJI, DILIP
Address: 3030 N ROCKY POINT DRIVE WEST SUITE 820
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DEAKIN, BARBARA
Address: 2909 W BAY TO BAY BLVD. STE 108
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA DEAKIN

DST

03/24/2009

Electronic Signature of Signing Officer or Director

Date